# Drug abusers in Mountjoy prison: Five years on

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This paper presents the results of a survey in July, 1986 of drug abusing offenders in Mountjoy Prison. The aim is to describe the extent of the current problem, characteristics of the drug abusing offenders and the nature of their drug abuse. Whenever appropriate, results are compared with those from a 1981 survey also of Mountjoy Prison (O'Mahony and Gilmore. 1983) which used the sane questionnaire protocols.

The methodology for the 1986 survey differed in one fundamental way from that for the 1981 survey. In 1981 an attempt was made, based on information held by the Medical and Probation and Welfare services of the prison, to locate every drug abusing offender. In other words, it was an attempt at a total population study. On the other hand, the present survey is based on random sampling techniques. One in every five offenders in Mountjoy was randomly selected to take part in the survey - a total of 110 men. There were 15 refusals, leaving an achieved sample of 95, i.e. a non-response rate of 14%. These 95 offenders were then screened for a history of serious drug abuse, which was defined as the use on more than 6 occasions of a drug other than alcohol, tobacco, cannabis or prescribed medication.

**Extent of the problem**

In 1981, 29 men, of whom 22 agreed to take part in the survey, were identified as regular drug abusers. At that time this number represented about 8% of the total prison population. In 1985 35 of 95 offenders reported experience of drugs of abuse and 29 of these, that is about 30% of those screened, fulfilled the criteria for serious drug abuse. Of the remaining 6, 3 had used heroin on one occasion, while the other 3 had used non-opiate drugs on only a few occasions. Extrapolation from the 1986 sample produces an estimate of 170 offenders in the total Mountjoy Prison population who are or have been serious drug abusers. This represents, in the 5 years since 1981, a truly dramatic increase - almost six-fold - in the absolute number of drug abusing offenders

within the prison. While the proportion of offenders with experience of serious drug abuse is almost 4 times greater in 1986 than in 1981, an appreciable component of the overall increase is explained by the growth in the prison population from about 375 inmates in 1981 to about 550 in 1986.

**Age**

The mean age of the drug abusing sample was 25.8 years, with a range of from 19 to 40 years. By far the greatest number were in their early or mid-twenties, with 20 out of 29 (69%) being 26 years or younger. The mean age of the 1981 survey group was a little younger at 24.7.

**Marital Status**

Only 4, or 14% of the sample were or had been married. All 4 had children, but 2 of the 4 were separated from their wives. Fourteen of the remaining 25 single men also claimed to have children. Only 4 of the unmarried fathers reported being involved in a continuing 'living-in' relationship with their common "law family. In other words out of a total of 18 married and unmarried fathers only 6, or one third, were living with their family when free.

The major difference between these figures and those for 1981 is the remarkable increase in the number of single men claiming to have children. In 1981 the married proportion was almost twice as high (27%) as in 1986, but, more significantly, only 1 single man out of 16 in 1981 claimed to have a child, compared with 56% of the single men in 1986. Also in 1981 a majority (5 out of 7) of those who had children were living with their families when free. The lower rate of marriage along with the greatly increased rate of apparently casual fatherhood provides tentative evidence for a significant erosion of the institution of marriage and a decline in traditional values within the drug using subculture. This hypothesis deserves further investigation.

**Crimes and Sentences**

Three of the 1986 survey sample were on remand and are excluded from consideration under this heading. Of the 26 convicted offenders, only 6 were under sentence for a drug related offence. Two were sentenced for Road Traffic Act offences, 3 for acts of violence (1 against property, 2 against the person), and the remaining 14 were sentenced for stealing of one form or another, including 5 cases of robbery from the person. This breakdown is not dissimilar to that for 1981 when 4 out of 22 offenders were sentenced for drugs offences, 3 for violent offences and the remainder for stealing of various types. The number of drug abusers actually serving a sentence for a drug offence remains low at a little over 1 in 5.

The average sentence length for the 26 offenders was 2 years (3.8 years for a drugs related offence). This shows a marked increase from 1981, when the average sentence length for all 22 offenders was 0.8 of a year (0.9 of a year for a drugs related offence). Indeed in 1981 only 3 of 22 men were serving sentences longer than 1 year, while in 1986 14 of 26 men were serving sentences of this length and 13 of these were serving sentences of 2 years or more. This trend to longer sentences has important consequences for the prison, especially since it has gone hand in hand with a large increase in the numbers of drug abusing offenders entering the prison.

There is much speculation, based on the view that a great deal of theft is motivated by the ecomonic need to finance a drug habit, about whether drug abusers could have avoided prison and a criminal history, if they had not become enmeshed in drug addiction. Kraus (1981) adduced evidence that the majority of drug abuse treatment patients with criminal records had acquired their drug habit after their first arrest. Analysis of the present data strongly confirms this view. Twenty-three, or 85% of the 27 opiate users had

experienced their first conviction before any use of opiates. Indeed 14 of the 27 had served a first prison sentence before using opiates. All but one of the opiate users had served a previous sentence and on average each had received 10 different sentences of imprisonment. While drug abuse undoubtedly exacerbates a criminal career, the evidence suggests that in the majority of cases, patterns of delinquency are well-established before drug abuse.

**Drug Use**

Table 1 shows the number of people out of the sample of 29 who claim to have experience (to any extent) with a particular drug or category of drugs.

**Table 1**

| | | | |
|---|---|---|---|
| Heroin | 28 | Amphetamines | 6 |
| Cannabis | 26 | Barbiturates | 5 |
| Dicanol and other Synthetics | 21 | Cough Mixtures | 5 |
| LSD | 11 | Minor Tranquillizers | 3 |
| Cocaine | 10 | Volatile Substances | 1 |
| Morphine | 6 | | |

A very large majority of the drug abusing offenders had experience of cannabis but an even larger proportion (97%) had at least once used heroin. Synthetic opiates such as dicanol, palfium and methadone were also very widely experienced - by 73% of the group. There was evidence of a relatively small degree of use of amphetamines and barbiturates, which have been at other periods and presently are, in other cultures, popular drugs of abuse. For example, a recent study (Bishop et a1, 1987) indicates that in Sweden amphetamines are a more common drug of intravenous use than opiates. Similarly there was evidence that use of volatile substances and valium,

librium and other minor tranquillizers was relatively rare in this sample. On the other hand, more than 1 in 3 of the group had used LSD and a similar number had used cocaine. None of the offenders reported having used PCP, angel dust, crack or any of the other exotic and recently concocted ‘designer’ drugs.

Twenty-four of the 29 (83%) have had, immediately prior to imprisonment or at some time in the past, a habit of daily use of a particular substance. Twenty-three of these (79% of the total) were daily intravenous users of opiates. Five having dicanol, the remainder (18) having heroin as the drug of first choice. The individual who was not an intravenous user had had a daily habit of smoking heroin (“chasing the dragon”).

The experience of the 5 other offenders, who had never progressed to the stage of daily use of a drug, is described below.

(A) had used heroin intravenously more than 6 times just previous to imprisonment but had not developed a habit.

(B) had a regular ‘weekend’ habit of snorting amphetamines and cocaine.

(C) had regularly used heroin intravenously but not on a daily basis.

(D) had a serious addiction problem with minor tranquillizers.

(E) had a regular but not daily habit of snorting heroin.

All, therefore, but 2 of the sample were opiate users. Twenty-five of the 27 opiate users took the drug intravenously, one took it through the mucous

membrane of the nose and one by smoking. However, 28 of the total sample of 29 reported having injected a drug intravenously on at least one occasion. As in 1981, heroin followed by dicanol are the most common and popular drugs of abuse. The most significant difference between 1981 and 1986 is a decline in the level of exposure to amphetamines and barbiturates. These drugs appear to have been considerably more widespread in 1981 when more than 75% and 50%, respectively, reported having used amphetamines and barbiturates, compared with only around 20% for both drugs in the present sample.

**Health**

Seventeen of the 29 offenders, or 59%, had suffered illnesses with a clearcut relation to their drug taking. Nine reported hepatitis, and in addition two reported ‘jaundice’. Twelve of the group had suffered abcesses which were the result of intravenous drug use. Several of the 17 had experienced more than one drug-related illness, with individuals reporting cirrhosis (2), septicaemia and pneumonia, together with hepatitis or abscesses.

Nineteen of the group (66%) had overdosed, many repeatedly. Several described episodes of overdosing of obvious seriousness; for example, one individual had been stomach-pumped after a massive overdose of tranquillisers and another reported being in a coma for 13 days after an overdose. Six of the sample (21%) claimed to have made a serious suicide bid.

Three of the group were sero-positive for AIDS antibodies. However, only fifteen of the sample, which included 28 with experience of intravenous injection, had undergone a blood test for AIDS antibodies, and 2 of this 15 did not at the time of the survey know the result of their test. Conversely, 13 out of 28, or 46% of those at clear risk because of intravenous use, had never taken a blood test for AIDS antibodies. The sero-positive rate for

**Table 2**

| Starting Age | Years Since Starting | Intravenous Daily Use | Amount in grammes | Treatment | Abstinent before Imprisonment |
|---|---|---|---|---|---|
| 19 | 4 | Yes | .5 | None | No |
| 19 | 7 | Yes | .5 | None | Yes |
| 17 | 16 | Yes | .5 | Coolmine/N.A.*/ Jervis Street/ Psychiatric Hosp. | No |
| 20 | 20 | Yes | 1.0 | None | Yes |
| 25 | 4 | Snorted Occasionally | .25 | None | No |
| 13 | 8 | Yes | 1.0 | None | No |
| 27 | 6 | Yes | 1.5 | Coolmine | Yes |
| 26 | 5 | Yes | .5 | None | Yes |
| 25 | 4 | Smoked Daily | .5 | None | Yes |
| 20 | 4 | Yes | .25 | None | Yes |
| 17 | 8 | Yes | .25 | Coolmine | No |
| 20 | 13 | Yes | 1.0 | Coolmine | No |
| 16 | 5 | Yes | 1.0 | None | No |
| 16 | 5 | Yes | 1.0 | N.A. | No |
| 17 | 8 | Yes | 1.0 | Anna Liffy | No |
| 17 | 7 | Yes | .5 | Coolmine/Anna Liffy | No |
| 15 | 6 | Yes | .5 | None | No |
| 17 | 4 | Yes | 1.5 | None | Yes |
| 19 | 6 | Yes | .5 | Coolmine/N.A. | No |
| 18 | 8 | Yes | .5 | Coolmine | Yes |
| 21 | 3 | Yes | .25 | Coolmine | Yes |
| 21 | 3 | Frequent Intravenous use | .125 | None | No |
| 17 | 7 | Yes | 1.0 | Coolmine/N.A. | No |
| 14 | 6 | Yes | 1.0 | None | Yes |
| 20 | 6 | Yes | 1.0 | Jervis St./N.A. | Yes |
| 23 | 6 | Yes | .5 | Rutland Centre | Yes |
| 26 | 2 | Snorted Ocasionally | .25 | None | No |

* N.A. = Narcotics Anonymous

those who had taken a test and knew its result was 23%. Given this figure and the fact that Department of Health figures suggest that between 25% and 30% of intravenous drug users are sero-positive, it is reasonable to conclude that in this survey group there could be as many as 3 or 4 people who are HIV carriers unknown to themselves and the prison authorities. The relatively conservative 25% rate gives an expected total of 35 HIV carriers amongst the estimated 170 drug abusing offenders in Mountjoy Prison.

Twenty-four (or 83%) of the group had at some time undergone a formal detoxification programme either within the prison system or at the Jervis Street Drug Clinic. Eighteen individuals had received methadone detoxification treatment on committal on their current imprisonment. This group of 18 included several who claimed they were not, at the time of conmmittal, “strung out” i.e. using drugs.

**History of Drug Use**

Table 2 presents data on some aspects of the drug use of the 27 opiate users i.e. the total sample excepting the individual with a serious tranquilliser habit (from age 17) and the individual with a regular cocaine and amphetamine habit (from age 19). ‘Starting age’ refers to the first experience with opiates, but does not necessarily indicate intravenous use. ‘Amount’ refers to the usual dosage consumed per day at the height of a daily or regular habit. ‘Treatment’ refers to all exposures to different types of treatment, excluding straightforward detoxification. Where Jervis Street Clinic is mentioned, experience of therapy or counselling, ancillary to detoxification, is indicated.

It can be seen from Table 2 that a few individuals first used opiates at a very young age i.e. one each at 13, 14 and 15 years old. Twelve others first used opiates during their late teenage and a further 12 during their 20s.

From column 2 it can be seen that exposure to opiates in Ireland is clearly not a phenomenon unique to the 80s. Ten, or more than 1 in 3 of the group, first used opiates before 1980. one as early as the mid-sixties. Column 4, indicates even in the case of those with intravenous daily use, the wide range in normal dosage. This in part, may be due to the phenomenon of tolerance and therefore linked to the duration of a habit. There was a low positive correlation between normal dosage and duration of habit ($r = .25$), but this did not reach statistical significance. Peak regular dosage ranged from 0.125 grammes to 1.5 grammes though this should not be taken to necessarily indicate, in the case of smaller amounts, a weaker or more remediable habit. Just under half (13) had exposure to some form of treatment other than detoxification - with precisely 1 in 3 having had contact (of variable length and quality) with Coolmine Therapeutic Community. Conversely, a small majority (14 out of 27) had no experience of treatment other than detoxification.

Column 6 indicates those who were not using drugs for at least one month before their current committal to prison. Only 5 of these 12 abstinent individuals had any exposure to treatment. This is a similar proportion to that for the whole group, indicating no apparent connection between treatment experience and abstinence before committal (Chi-squared = 04, N.S.).

The older offenders appear to be more likely to be abstinent prior to their committal to prison. Eight of the 12 drug users over 25 years of age were in the group with a substantial period of abstinence before imprisonment.

However, this association fails to reach statistical significance (Chi-squared = 2.8 N.S.). The abstinent group cannot be distinguished from those using drugs immediately prior to imprisonment with regard to the duration of their habit (t = .13, N.S.) or their normal dosage level (t = .92, N.S.).

**Table 3**

| 1<br>Duration abstinent before this imprisonment | 2<br>Any Formal Treatment? | 3<br>Treatment immediately prior to abstinence | 4<br>Motivation/Support |
|---|---|---|---|
| 5 years | No | | Family support including family friend teaching him to read. |
| 4 1/2 years | No | | Shame at finding himself robbing his friends. |
| 2 years | No | | Support of girlfriend at the time of birth of baby. Determined to remain abstinent during prison sentence. |
| 1 1/2 years | No | Self-induced reduction and conversion to smoking heroin. | |
| 1 1/2 years | No | Self-controlled weaning with physeptone syrup. | |
| 1 years | Coolmine | | Physically sickened by drug use after prison sentence. |
| 9 months | Jervis St. (Counselling) | Detoxification | |
| 4 months | Rutland Centre | Intermittant usage. | |
| 4 months | No | Intermittant usage leading to self-weaning. | |
| 3 months | Coolmine | Detoxification | |
| 3 months | Coolmine | | Difficulty in and distaste for raising money for drugs. |
| 1 month | No | Self-induced reduction in dosage and frequency | |

Table 3 presents some details on the treatment experience and motivation of the group, ranked in order of duration of abstinence before present imprisonment. It is clear from Table 3 that the offenders in Mountjoy with a history of serious drug abuse cannot be treated as an homogeneous group in respect of their relationship with drugs. Several cases, certainly those with periods of abstinence of over a year, justify the classification ‘drug free’ and might even be regarded as ‘cured’. On the other hand, it must be assumed that those offenders, who were abstinent for only a short time, could easily and quickly revert to drug use on release from prison. However, even a relatively short period of voluntary abstinence may be an important, positive step towards permanent abstinence from ‘hard drugs’.

These findings are in stark contrast to those for 1981 when not one of the 22 offenders had been abstinent in the month before imprisonment. However, the different methodologies nay account for some of this difference, since in 1981 individuals with a history of serious drug abuse but currently abstinent may have escaped the screening process. Nonetheless the present results offer some evidence for the possibility of rehabilitation from serious drug abuse and suggest that a considerable proportion of drug abusing offenders are making serious efforts to end their addiction.

The importance of self-reliance for these abstinent offenders and the wide variety of other factors that play a part in attaining abstinence is also evident from Table 3. The motivating factors, as percieved by the offenders themselves, include the birth of a baby, learning to read and and tiring of the incessant effort to raise money for a drug habit. It is notable that 5 of the 6 ‘drug free’ individuals (abstinent for 1 year or more) had no experience of formal drug therapy and that all 6 emphasised either self-reliance or strong, personal motivating factors.

**Tobacco, Alcohol, Cannabis and Drug Use**

All 95 of the randomly selected offenders were, as part of the screening process, questioned on whether they presently smoke, whether they drink alcohol when free and whether they have ever used cannabis. Seventy-six (30%) currently smoked, 83 (87%) drank alcohol and 56 (59%) had at some time used cannabis. There has been much speculation about the role of cannabis in an individual's progression toward serious drug abuse, but the rote of alcohol and tobacco has been relatively neglected. In Table 4 the association between all 3 variables and whether the individual is a serious drug abuser is outlined by crosstabulation.

**Table 4**

| | **Serious Drug Abuser** | **Not** |
|---|---|---|
| Smokes | 29 | 47 |
| Does not | 0 | 19 |
| Uses Alcohol | 27 | 56 |
| Teetotal | *2.* | 10 |
| Has used Cannabis | 25 | 31 |
| Has not | 4 | 35 |

Table 4 indicates clearly that the drug user is far more likely than not to have used alcohol, tobacco and cannabis. Statistical analysis shows a significant association between use of 'hard drugs' and cigarette-smoking (chi-squared = 8.7, p .05), and experience with cannabis (chi-squared = 11.2, p .05). Chi-squared for the association between alcohol and 'hard drugs' is non-significant (chi-squared = 0.6). It is notable that in a survey of Dublin school children, Shelley et a1 (1982) found a significant association between drug use and both cigarette-smoking and drinking alcohol, although their drug use category included 'soft' 'as well as 'hard' drugs. Analysis was

also undertaken using the PARP (population attributable risk percent) statistic. This statistic indicates the percentage of the drug-using group who, it is assumed on the basis of the strength of the relationships between drug use and each of the other 3 variables, would have avoided drug use if none of the group as a whole were positive on the other variable, i.e. if none of the 95 smoked, drank alcohol or had used cannabis. For the 3 variables the PARP results were: smoking 100%, use of cannabis 66%, use of alcohol 45%; thus, for example, it is suggested that two-thirds of the drug users would have avoided drug use if none of the overall group had ever used cannabis. Clearly the strongest link according to this statistic is that between cigarette-smoking and 'hard' drug use.

Since the results involve only statistical association and tell us nothing about actual causal relationships or indeed about the possible direction of causality, analysis of this kind must be treated with great caution. On the other hand, the results firmly indicate that, for this population, use of cannabis was not a more important indicator of involement with 'hard drugs' than was cigarette-smoking. Use of cannabis is undoubtedly linked with 'hard drug' use and this association needs to be explained in terms of the physiology, personality, experience or behaviour of the drug user. However, as in the case of cigarette-smoking, the relationship with drug use is undoubtedly indirect and complex. It is clearly possible to use cannabis and not progress to 'hard drugs' and, it is equally possible, if less likely, to become a user of 'hard drugs' without ever using cannabis.

## Conclusion

In the 5 years from 1981 to 1986 the proportion of prisoners in Mountjoy Prison with a history of serious drug abuse increased six-fold, to the point where 30% of the offenders, or approximately 170 men, fall into this category. Present findings suggest that the vast majority of this group are

or have been regular intravenous users of opiates, particularly of heroin and dicanol. Present results confirm Department of Health figures suggesting that somewhere between 20 and 30% of this group will be sero-positive for AIDS antibodies. The mean age of these drug abusing offenders is about 25 years and, while very few of them are married, about 60% have fathered children. The duration of experience with opiates is very varied, ranging from a few months to 20 years but the average duration, for the large majority that have been daily users of opiates, is 7.1 years.

A majority of drug abusing offenders have suffered drug related illnesses, such as abscesses and hepatitis. In addition most of them have experienced overdose whilst abusing drugs, and about 1 in 5 have made a serious suicide bid. These findings are important in the tight of Gordon's (1983) follow-up study of drug abusers attending a clinic, which indicated a 10 year mortality of 17% due to drug overdose, and also in the light of studies that indicate a greatly elevated suicide rate amongst drug abusers (James, 1967; Hankoff and Einsidler 1976).

Only about 20% of the drug abusing offenders were sentenced for specifically drug related offences. Most were serving sentences for one or another form of theft. However, in the 5 years from 1981 the average sentence length for drug abusing offenders increased by 150% to an average of 2 years imprisonment. This finding further highlights the rapid growth of the drug abuse problem for Mountjoy Prison since not only have the overall numbers of drug abusing offenders increased by six times in 5 years, but these offenders are now. on average, likely to stay 2 1/2 times longer within the prison system.

The findings with respect to treatment and abstinence are particularly interesting and give some grounds for a limited optimism. In 1981 all 22

subjects were using drugs right up to the tine of imprisonment. All nineteen of those, who had previously been imprisoned, had returned to drug use within 9 months of release, 16 of them within one week of release. By contrast the present results indicate that slightly more than 1 in 5 of the 1986 subjects were successfully and stably ‘drug free’ for at least one year prior to their current imprisonment. Another 25% of the sample appeared to have made a serious, voluntary attempt to curb their addiction before imprisonment. However it is notable that, while almost all opiate abusers had undergone detoxification at some point, formal therapy for drug abuse did not appear to be strongly related to ‘drug free’ status or voluntary abstinence. Rather, most individuals in these categories ascribed their abstinence to self-reliance or to personal circumstances, such as the birth of a baby. An optimistic interpretation of these findings might suggest the growth in recent years of a more realistic appraisal of the dangers of drug abuse amongst the opiate abusing sub-culture in Dublin. This interpretation is made more plausible by the current publicity surrounding AIDS, and because the media, anti-drugs protest groups, researchers and health educators have in recent years directed much public attention to opiate abuse and its attendant health and social dangers.

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